

OXYBUTYNIN THERAPYCROSS-REFERENCE TO RELATED APPLICATION

This application claims the benefits of provisional application U.S. Serial No. 60/079,429, filed March 26, 1998 under 35 U.S.C. §119(e).

FIELD OF THE INVENTION

This invention pertains to a novel dosage form comprising oxybutynin. The invention relates also to a therapeutic composition comprising oxybutynin, to a therapeutic bilayer comprising oxybutynin, and to a method for administering oxybutynin to a patient in need of oxybutynin.

BACKGROUND OF THE INVENTION

Many people are affected by urinary incontinence. Incontinence is particularly common in the elderly; urinary incontinence is present in approximately fifty percent of nursing home patients, and urinary incontinence is a well known urologic problem in women. It will affect nearly all women in some form during their lifetime, and it is of significant social concern to all humans who experience it.

Urinary incontinence arises from the anatomy and the physiology of the urinary tract, which is composed of a bladder and a sphincter.

Anatomically, the bladder consists of the bladder musculature, also known as detrusor, and the trigone. The sphincter includes the bladder neck and the proximal urethra. The detrusor muscle is innervated by the pelvic nerve through the parasympathetic nervous system, and the bladder neck and proximal urethra are innervated by the sympathetic nervous system.

Involuntary incontinence, also known as urge incontinence, occurs with a loss of a large volume of urine accompanied by symptoms of urgency, frequency and nocturia caused by an unstable bladder or detrusor instability. The patient may lose urine with a change in position or with auditory stimulation. The loss of small volumes of urine usually occurs because of bladder overdistention by a large amount of residual urine referred to as overflow incontinence.

The management of incontinence consists in administering a smooth muscle relaxant, such as oxybutynin, which acts directly on the smooth muscle at the site distal to the cholinergic receptor. The usual dose in the pharmacologic management is repeated doses from two-to-four times a day for oxybutynin. This is difficult to achieve as it requires rigid compliance and it is cost ineffective. Also, oxybutynin is adversely affected by light and it needs protection from air, which properties do not lend the drug to formulation into a dosage form that can administer oxybutynin at a controlled and known rate per unit time to produce the intended therapy.

In light of the above presentation it will be appreciated by those versed in the medical and pharmaceutical dispensing arts to which this invention pertains that a pressing need exists for a dosage form and for a therapeutic composition that can deliver the valuable drug oxybutynin in a controlled, extended dose to a patient in clinical need of incontinence management. The

1 pressing need exists for an oral dosage form, for a therapeutic composition
2 and for a method of therapy that can deliver oxybutynin at a controlled rate in
3 a substantially constant dose per unit time for its beneficial therapeutic effect.
4 The need exists further for a dosage form and a therapeutic composition that
5 can deliver oxybutynin protected from light to insure that a complete dose of
6 oxybutynin is administered to the patient and still remains substantially
7 independent of the changing environment of the gastrointestinal tract. The
8 need exists additionally for a dosage form comprising the therapeutic
9 composition that can deliver a therapeutic dose of oxybutynin for its intended
10 effect, for avoiding an overdose, and for lessening the side effects that can
11 accompany the drug. It will be appreciated further by those skilled in the
12 dispensing art that if such a novel and unique dosage form, therapeutic
13 composition and method are made available that can administer oxybutynin in
14 a beneficial dose over time and simultaneously provide oxybutynin while
15 lessening the incidence of both over and under dose, the dosage form, the
16 therapeutic composition, and their accompanying methods would represent
17 an advancement and a valuable contribution to the medical arts.

18 19 OBJECTS OF THE INVENTION

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21 Accordingly, in view of the above presentation it is an immediate object
22 of this invention to provide a dosage form for delivering oxybutynin in a rate-
23 controlled dose, and which dosage form substantially overcomes the
24 deficiencies and omissions associated with the prior art.

25 Another object of the present invention is to provide a dosage form for
26 orally administering oxybutynin in a controlled dose for the nonsurgical
27 treatment of incontinence in a human afflicted with incontinence.

1 Another object of the invention is to provide a pharmacologic
2 composition comprising oxybutynin indicated for the pharmacologic
3 management of incontinence.

4 Another object of the present invention is to provide a pharmacologic
5 composition comprising oxybutynin, its racemate, its R-enantiomer and its S-
6 enantiomer, administrable to a human, for lessening the incidence of
7 incontinence.

8 Another object of the invention is to provide a dosage form comprising
9 a homogenous drug core for dispensing oxybutynin to a human patient.

10 Another object of this invention is to provide a novel composition that
11 makes available oxybutynin therapeutic activity to a patient in need of
12 oxybutynin therapy.

13 Another object of the invention is to provide a once-a-day oral
14 sustained release dosage form that delivers a member selected from the
15 group consisting of oxybutynin and its pharmaceutically acceptable salt at a
16 controlled rate over 24 hours.

17 Another object of the invention is to provide a dosage form
18 manufactured as an osmotic dosage form that can administer oxybutynin to a
19 biological receptor to produce the desired oxybutynin effects.

20 Another object of the present invention is to provide a dosage form
21 manufactured as an osmotic dosage form that maintains oxybutynin and
22 oxybutynin therapeutically acceptable salts in the dosage form, and thereby
23 provides protection from light until the oxybutynin is released from the dosage
24 form, thereby reducing and/or eliminating the unwanted influences of the
25 gastrointestinal environment of use and still provide controlled administration
26 of oxybutynin over time.

27 Another objective of the invention is to provide a sustained release
28 dosage form that administers oxybutynin at a sustained release rate
29 accompanied by a lessening of adverse reaction dry mouth.

1 Another object of the present invention is to provide a dosage form that
2 administers oxybutynin at a controlled rate over time for its therapeutic benefit
3 accompanied by a lessening of possible unwanted side effects.

4 Another object of the present invention is to provide a dosage form that
5 contains initially crystalline oxybutynin salt protected by a light resistant,
6 semipermeable polymeric wall which oxybutynin can be administered in a
7 controlled dose over time.

8 Another object of the present invention is to provide a dosage form
9 adapted for the oral administration of α -cyclohexyl- α -hydroxy-benzeneacetic
10 acid 4-(diethylamino)-2-butynyl ester salt in a first composition in contacting,
11 layered arrangement with a second, force-generating composition that
12 operates in combination for the administration of the beneficial ester salt.

13 Another objective of the invention is to provide a delivery system for a
14 member selected from the group consisting of oxybutynin and its
15 pharmaceutically acceptable salt that achieves an increase in the bioavail-
16 ability of the drug, reduces the formation of its active metabolites, and
17 achieves a flat drug and metabolite concentration profile as compared to an
18 immediate release dosage administered multiple times a day.

19 Another object of the present invention is to provide a complete
20 pharmaceutical oxybutynin regimen comprising a composition comprising
21 oxybutynin that can be dispensed from a drug delivery dosage form, the use
22 of which requires intervention only for initiation and possibly for termination of
23 the regimen.

24 Another object of the invention is to provide a method for treating
25 incontinence by orally administering oxybutynin from a delivery device in a
26 rate-controlled amount per unit time to a warm-blooded animal in need of
27 incontinence therapy.

28 Another object of the invention is to provide a method for lessening the
29 side-effects accompanying the administration of a member selected from the

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1 group consisting of oxybutynin and its pharmaceutically acceptable salts by
2 administering the drug from a sustained-release dosage form over twenty-four
3 hours.

4 Another object of the invention is to provide a method of administering
5 oxybutynin to a patient to provide a plasma concentration of oxybutynin.

6 Another object of the invention is to provide a method for administering
7 oxybutynin from a controlled-release dosage form for lessening the incidence
8 of side effects.

9 Another object of the invention is to decrease dry-mouth in a patient
10 accompanying the administration of a drug selected from the group consisting
11 of oxybutynin and its pharmaceutically acceptable salts in a sustained-release
12 dose over twenty four hours.

13 Another object of the invention is to provide a method of administering
14 oxybutynin in a sustained-release profile to lessen side effects.

15 Other objects, features and advantages of this invention will be more
16 apparent to those versed in the delivery arts from the following detailed
17 specification, taken in conjunction with the accompanying claims.

18 DRAWING FIGURES OF THE INVENTION

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21 Figures 1 to 6 illustrate the clinical benefits for delivering a member
22 selected from the group consisting of oxybutynin and its pharmaceutically
23 acceptable salts, according to the invention.

24 DETAILED DISCLOSURE OF SPECIFICATION

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27 In one aspect, the present invention provides a therapeutic
28 composition comprising 240 ng to 650 mg (nanogram to milligrams) of
29 oxybutynin or an oxybutynin therapeutically acceptable salt. The oxybutynin

1 selected from the group consisting of oxybutynin and its pharmaceutically
2 acceptable salts can be present in a dosage form in, for example, 5 mg, 10
3 mg, 15 mg, 20 mg, 25 mg, and 30 mg doses and the like. The
4 pharmaceutically acceptable salt is selected from the group consisting of
5 acetate, bitartrate, citrate, edetate, edisylate, estolate, esylate, fumarate,
6 gluceptate, gluconate, glutamate, hydrobromide, hydrochloride, lactate,
7 malate, maleate, mandelate, mesylate, methylnitrate, mucate, napsylate,
8 nitrate, pamoate, pantothenate, phosphate, salicylate, stearate, succinate,
9 sulfate, tannate and tartrate. The drug oxybutynin can be present as the
10 racemate, as the R-enantiomer or as the S-enantiomer. The therapeutic
11 composition further contains 20 mg to 250 mg of a hydrogel, such as 20 mg
12 to 250 mg of a polyalkylene oxide of 75,000 to 600,000 weight-average
13 molecular weight. Representative polyalkylenes are a polyethylene oxide of
14 100,000 weight-average molecular weight or a polyethylene oxide of 200,000
15 weight-average molecular weight. The therapeutic composition comprises 1
16 mg to 50 mg of a hydroxypropylalkyl-cellulose of 9,000 to 150,000 average-
17 number molecular weight selected from the group consisting of
18 hydroxypropylmethylcellulose, hydroxypropylethyl-cellulose,
19 hydroxypropylbutylcellulose, and hydroxypropylpentylcellulose; 1 mg to 40 mg
20 of an osmotic solute selected from the osmotically effective compounds
21 consisting of sodium chloride, potassium chloride, potassium acid phosphate,
22 tartaric acid, citric acid, raffinose, magnesium sulfate, magnesium chloride,
23 urea, inositol, sucrose, glucose and sorbitol; and 0.01 mg to 5 mg of a
24 lubricant, such as calcium stearate, zinc stearate, magnesium stearate,
25 magnesium oleate, calcium palmitate, sodium suberate, potassium laureate,
26 salts of fatty acids, salts of alicyclic acids, salts of aromatic acids, stearic acid,
27 oleic acid, palmitic acid, and a mixture of salt of fatty, alicyclic or aromatic acid
28 and a fatty, alicyclic or aromatic acid.

1 The invention provides for the therapeutic composition comprising the
2 oxybutynin to be administered as the composition neat, that is, oxybutynin
3 alone, for increasing the urinary bladder capacity, for diminishing the
4 frequency of uninhibited contractions of the detrusor muscles and its
5 accompanying delay of the desire to void. The invention provides for the
6 therapeutic oxybutynin composition to be surrounded by a wall comprising a
7 semipermeable composition with an exit for delivering the therapeutic
8 composition to a human patient in need of oxybutynin therapy. The invention
9 provides, in an additional embodiment, the therapeutic composition
10 comprising oxybutynin as a therapeutic layer in layered, contacting
11 arrangement with a hydrogel layer that supports the therapeutic layer to yield
12 a bilayered matrix. The hydrogel layer comprises 40 mg to 250 mg of a
13 hydrogel, such as a member selected from the group consisting of 40 mg to
14 250 mg of a polyalkylene oxide of 1,000,000 to 8,000,000 weight-average
15 molecular weight which are selected from the group consisting of
16 polyethylene oxide and polypropylene oxide; or 40 mg to 250 mg of an alkali
17 carboxymethylcellulose of 10,000 to 6,000,000 weight-average molecular
18 weight such as sodium carboxymethylcellulose or potassium carboxy-
19 methylcellulose; or 0.1 mg to 250 mg of a hydroxyalkylcellulose of 7,500 to
20 4,500,000 weight-average molecular weight, represented by
21 hydroxymethylcellulose, hydroxyethylcellulose, hydroxypropylcellulose,
22 hydroxybutylcellulose, and hydroxypentylcellulose; 1 mg to 50 mg of an
23 osmagent selected from the group consisting of sodium chloride, potassium
24 chloride, potassium acid phosphate, tartaric acid, citric acid, raffinose,
25 magnesium sulfate, magnesium chloride, urea, inositol, sucrose, glucose and
26 sorbitol; 0 to 5 mg of a colorant, such as ferric oxide; 0.1 mg to 30 mg of a
27 hydroxypropylalkylcellulose of 9,000 to 225,000 average-number molecular
28 weight, selected from the group consisting of hydroxypropylethylcellulose,
29 hydroxypropylpentylcellulose, hydroxypropylmethylcellulose, and

1 hydroxypropylbutylcellulose; 0.00 to 1.5 mg of an antioxidant selected from
2 the group consisting of ascorbic acid, butylated hydroxyanisole,
3 butylatedhydroxyquinone, butylhydroxyanisol, hydroxycomarin, butylated
4 hydroxytoluene, cephalin, ethyl gallate, propyl gallate, octyl gallate, lauryl
5 gallate, propylhydroxybenzoate, trihydroxybutylphenone, dimethylphenol,
6 diterlbutylphenol, vitamin E, lecithin and ethanolamine; and 0.1 mg to 7 mg of
7 a lubricant selected from the group consisting of calcium stearate,
8 magnesium stearate, zinc stearate, magnesium oleate, calcium palmitate,
9 sodium suberate, potassium laureate, salts of fatty acids, salts of alicyclic
10 acids, salts of aromatic acids, stearic acid, oleic acid, palmitic acid, a mixture
11 of a salt of a fatty, alicyclic or aromatic acid, and a fatty, alicyclic or aromatic
12 acid.

13 The invention provides for the therapeutic oxybutynin composition, the
14 therapeutic bilayer comprising the drug oxybutynin layer, and the
15 osmopolymer hydrogel layer to be administered as the composition or the
16 bilayer per se; that is, as the composition or the bilayer together for increasing
17 the urinary bladder capacity, for diminishing the frequency of uninhibited
18 contractions of the detrusor muscles and its accompanying delay of the desire
19 to void. The invention provides additionally for the therapeutic composition
20 and for the compositional bilayer to be surrounded by a wall comprising a
21 semipermeable composition with an exit for delivering the therapeutic
22 composition to a human patient in need of oxybutynin therapy. The invention
23 also provides for a subcoat to surround the therapeutic composition or to
24 surround the bilayer, which subcoat in either embodiment is surrounded by a
25 outer semipermeable wall.

26 The invention provides a dosage form for the delivery of the
27 therapeutic composition comprising oxybutynin. The dosage form comprises
28 a wall, which wall surrounds an internal lumen or compartment. The wall
29 comprises a semipermeable composition that is permeable to the passage of

1 fluid and impermeable to the passage of oxybutynin. The wall is nontoxic and
2 it comprises a polymer selected from the group consisting of a cellulose
3 acylate, cellulose diacylate, cellulose triacylate, cellulose acetate, cellulose
4 diacetate and cellulose triacetate. The wall comprises 75 wt% (weight
5 percent) to 100 wt% of the cellulosic wall-forming polymer; or, the wall can
6 comprise additionally 0.01 wt% to 10 wt% of polyethylene glycol, or 1 wt% to
7 25 wt% of a cellulose, either selected from the group consisting of
8 hydroxypropylcellulose or hydroxypropylalkylcellulose such as hydroxypropyl-
9 methylcellulose. The total weight percent of all components comprising the
10 wall is equal to 100 wt%. The internal compartment comprises the
11 therapeutic oxybutynin composition in layered position with an expandable
12 hydrogel composition. The expandable hydrogel composition in the
13 compartment increases in dimension by imbibing fluid through the
14 semipermeable wall, causing the hydrogel to imbibe the fluid, expand and
15 occupy space in the compartment, whereby the drug composition is pushed
16 from the dosage form. The therapeutic layer and the expandable layer act
17 together during the operation of the dosage form for the release of oxybutynin
18 to a patient over time. The dosage form comprises a passageway in the wall
19 that connects the exterior of the dosage form with the internal compartment.
20 The dosage form provided by the invention delivers oxybutynin from the
21 dosage form to the patient at a zero order rate of release over a period of 24
22 hours.

23 The expression "passageway" as used herein comprises means and
24 methods suitable for the metered release of the therapeutic drug from the
25 compartment of the dosage form. The exit means comprises at least one
26 passageway, including orifice, bore, aperture, pore, porous element, hollow
27 fiber, capillary tube, porous overlay, or porous element that provides for the
28 osmotic controlled release of oxybutynin. The passageway includes a
29 material that erodes or is leached from the wall in a fluid environment of use

1 to produce at least one dimensioned passageway. Representative materials
2 suitable for forming a passageway, or a multiplicity of passageways comprise
3 a leachable poly(glycolic) acid or poly(lactic) acid polymer in the wall, a
4 gelatinous filament, poly(vinyl alcohol), leachable polysaccharides, salts and
5 oxides. A pore passageway, or more than one pore passageway, can be
6 formed by leaching a leachable compound, such as sorbitol, from the wall.
7 The passageway possesses controlled-release dimensions, such as round,
8 triangular, square and elliptical, for the metered release of oxybutynin from
9 the dosage form. The dosage form can be constructed with one or more
10 passageways in spaced apart relationship on a single surface or on more
11 than one surface of the wall. The expression "fluid environment" denotes an
12 aqueous or biological fluid as in a human patient, including the
13 gastrointestinal tract. Passageways and equipment for forming passageways
14 are disclosed in U.S. Patent Nos. 3,845,770; 3,916,899; 4,063,064; 4,088,864
15 and 4,816,263. Passageways formed by leaching are disclosed in U.S.
16 Patent Nos. 4,200,098 and 4,285,987.

17
18 DESCRIPTION FOR MANUFACTURING THE COMPOSITION
19 AND DOSAGE FORM OF THE INVENTION

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21 The wall of the dosage form can be formed by using the air suspension
22 procedure. This procedure consists in suspending and tumbling the
23 composition or the layers in a current of air and wall-forming composition until
24 a wall is applied to the oxybutynin forming compartment. The air suspension
25 procedure is well suited for independently forming the wall. The air
26 suspension procedure is described in U.S. Patent No. 2,799,241; J. Am.
27 Pharm. Assoc., Vol. 48, pp. 451-459 (1959); and ibid. Vol. 49, pp. 82-84
28 (1960). The wall can be formed with a wall-forming composition in a Wurster®

1 air suspension coater using an organic solvent, such as acetone-water
2 cosolvent 90:10 (wt:wt) with 2.5 wt% to 7 wt% polymer solids. An
3 Aeromatic® air suspension coater using, for example, a methylene dichloride
4 methanol cosolvent comprising 87:13 (v:v) can be used for applying the wall.
5 Other wall-forming techniques, such as pan coating, can be used for
6 providing the dosage form. In the pan coating system, wall forming
7 compositions are deposited by successive spraying of the composition or the
8 bilayered arrangement, accompanied by tumbling in a rotating pan. A larger
9 volume of cosolvent can be used to reduce the concentration of polymer
10 solids to produce a thinner wall. Finally, the wall of the coated compartments
11 are laser or mechanically drilled, and then dried in a forced air or humidity
12 oven for 1 to 3 days or longer to free the solvent. Generally, the walls formed
13 by these techniques have a thickness of 2 to 20 mils (0.051 to 0.510 mm) with
14 a preferred thickness of 2 to 6 mils (0.051 to 0.150 mm).

15 The dosage form of the invention is manufactured by standard
16 manufacturing techniques. For example, in one manufacture the beneficial
17 drug oxybutynin and other ingredients comprising a therapeutic composition
18 or comprising the first layer facing the exit means are blended, or they are
19 blended then pressed, into a solid layer. The oxybutynin and other
20 ingredients can be blended with a solvent and formed into a solid or semisolid
21 formed by conventional methods such as ball-milling, calendering, stirring or
22 roll-milling and then pressed into a selected shape. The layer possess
23 dimensions that correspond to the internal dimensions of the area the layer is
24 to occupy in the dosage form. The bilayer possess dimensions
25 corresponding to the internal lumen of the dosage form. Next, the oxybutynin
26 hydrogel layer is placed in contact with the oxybutynin drug layer. The
27 layering of the oxybutynin layer and the hydrogel layer can be fabricated by
28 conventional press-layering techniques. Finally, the two-layer compartment
29 forming members are surrounded and coated with an outer wall. A

1 passageway is laser drilled or mechanically drilled through the wall to contact
2 the oxybutynin layer, with the dosage form optically oriented automatically by
3 the laser equipment for forming the passageway on the preselected drug
4 surface.

5 In another manufacture, the dosage form is manufactured by the wet
6 granulation technique. In the wet granulation technique the oxybutynin and
7 the ingredients comprising the first layer are blended using an organic or
8 inorganic solvent, such as isopropyl alcohol-methylene dichloride 80:20 (v:v)
9 as the granulation fluid. Other granulating fluid, such as water, isopropyl
10 alcohol, or denatured alcohol 100% can be used for this purpose. The
11 ingredients forming the first layer are individually passed through a 40 mesh
12 screen and then thoroughly blended in a mixer. Next, other ingredients
13 comprising the first layer are dissolved in a portion of the granulation fluid,
14 such as the cosolvent described above. Then, the latter prepared wet blend
15 is slowly added to the oxybutynin blend with continual mixing in the blender.
16 The granulating fluid is added until a wet blend mass is produced, which wet
17 mass is then forced through a 20 mesh screen onto oven trays. The blend is
18 dried for 18 to 24 hours at 25°C to 40°C. The dry granules are then screened
19 with a 16 mesh screen. Next, a lubricant is passed through an 60 mesh
20 screen and added to the dry screened granule blend. The granulation is put
21 into milling jars and mixed on a jar mill for 2 to 10 minutes. The first and
22 second layer compositions are pressed into a layered tablet, for example, in a
23 Manesty® layer press.

24 Another manufacturing process that can be used for providing the
25 oxybutynin and hydrogel composition comprises blending their powdered
26 ingredients in a fluid bed granulator. After the powdered ingredients are dry
27 blended in the granulator, a granulating fluid, for example,
28 poly(vinylpyrrolidone) in a solvent, such as in water, is sprayed onto the
29 respective powders. The coated powders are then dried in a granulator. This

1 process coats the ingredients present therein while spraying the granulating
2 fluid. After the granules are dried, a lubricant, such as stearic acid or
3 magnesium stearate, is blended as above into the mixture. The granules are
4 then pressed in the manner described above. In another embodiment, when
5 the fluid bed granulating process is used to manufacture the hydrogel layer,
6 the antioxidant present in the polyalkylene oxide can be removed during the
7 processing step. If antioxidant is desired it can be added to the hydrogel
8 formulation; this can be accomplished during the fluid bed granulation
9 described above.

10 The dosage form of this invention is manufactured in another
11 embodiment by mixing the oxybutynin with composition-forming ingredients
12 and pressing the composition into a solid layer possessing dimensions that
13 correspond to the internal dimensions of the compartment space adjacent to
14 a passageway. In another embodiment, the oxybutynin and other drug
15 composition forming ingredients and a solvent are mixed into a solid, or semi-
16 solid, by conventional methods such as ball-milling, calendering, stirring or
17 roll-milling, and then pressed into a preselected, layer-forming shape.

18 In the manufactures as presented above, the manufacture comprising
19 a composition or comprising a layer of a composition comprising a hydrogel
20 osmopolymer and an optional osmagent are placed in contact with the layer
21 comprising the drug oxybutynin, and the two layers comprising the layers are
22 surrounded with a semipermeable wall. The layering of the first drug
23 oxybutynin composition and the second hydrogel osmopolymer and optional
24 osmagent composition can be accomplished by using a conventional two-
25 layer tablet press technique. The wall can be applied by molding, spraying or
26 dipping the pressed shapes into wall-forming materials. Another technique
27 that can be used for applying the wall is the air suspension coating procedure.
28 This procedure consists in suspending and tumbling the two layers in a
29 current of air until the wall forming composition surrounds the layers.

1 Manufacturing procedures are described in Modern Plastics Encyclopedia,
2 Vol. 46, pp. 62-70 (1969); and in Pharmaceutical Sciences, by Remington,
3 14th Ed., pp. 1626-1648 (1970), published by Mack Publishing Co., Easton,
4 PA. The dosage form can be manufactured by following the teaching in U.S.
5 Patent Nos. 4,327,725; 4,612,008; 4,783,337; 4,863,456; and 4,902,514.

6 Exemplary solvents suitable for manufacturing the wall, the
7 composition layers and the dosage form include inert inorganic and organic
8 solvents that do not adversely harm the materials, the wall, the layer, the
9 composition and the drug wall. The solvents broadly include members
10 selected from the group consisting of aqueous solvents, alcohols, ketones,
11 esters, ethers, aliphatic hydrocarbons, halogenated solvents, cycloaliphatics,
12 aromatics, heterocyclic solvents and mixtures thereof. Typical solvents
13 include acetone, diacetone alcohol, methanol, ethanol, isopropyl alcohol,
14 butyl alcohol, methyl acetate, ethyl acetate, isopropyl acetate, n-butyl acetate,
15 methyl isobutyl ketone, methyl propyl ketone, n-hexane, n-heptane, ethylene
16 glycol monoethyl ether, ethylene glycol monoethylacetate, methylene
17 dichloride, ethylene dichloride, propylene dichloride, carbon chloroform,
18 nitroethane, nitropropane, tetrachloroethane, ethyl ether, isopropyl ether,
19 cyclohexane, cyclo-octane, toluene, naphtha, 1,4-dioxane, tetrahydrofuran,
20 diglyme, aqueous and nonaqueous mixtures thereof, such as acetone and
21 water, acetone and methanol, acetone and ethyl alcohol, methylene
22 dichloride and methanol, and ethylene dichloride and methanol.

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24 DETAILED DISCLOSURE OF EXAMPLES PROVIDED
25 BY THE INVENTION

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27 The following examples are merely illustrative of the present invention
28 and they should not be considered as limiting the scope of the invention in
29 any way, as these examples and other equivalents thereof will become

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EXAMPLE 2

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An osmopolymer hydrogel composition provided by the invention was prepared as follows: first 1274 g of pharmaceutically acceptable polyethylene oxide comprising a 7,500,000 weight-average molecular weight, 600 g of sodium chloride, and 20 g ferric oxide were separately screened through a 40 mesh screen. Then, all the screened ingredients were mixed with 100 g of hydroxypropylmethylcellulose of 11,200 average-number molecular weight to produce a homogenous blend. Next, 300 ml of denatured anhydrous alcohol was added slowly to the blend with continuous mixing for 5 minutes. Then, 1.6 g of butylated hydroxytoluene was added, followed by more blending, with 5 g of magnesium stearate added with 5 minutes of blending, to yield a homogenous blend. The freshly prepared granulation is passed through a 20 mesh screen and allowed to dry for 20 hours at 22.2°C. The final composition comprised 63.67 wt% polyethylene oxide of 7,500,000 weight-average molecular weight, 30 wt% sodium chloride, 1 wt% ferric oxide, 5 mg hydroxypropylmethylcellulose of 11,200 average-number molecular weight, 0.08 wt% butylated hydroxytoluene, and 0.25 mg magnesium stearate.

EXAMPLE 3

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An osmopolymer hydrogel composition provided by the invention was prepared as follows: first 1274 g of pharmaceutically acceptable sodium carboxymethylcellulose comprising a 5,250,000 weight-average molecular weight, 600 g of sodium chloride, and 20 g ferric oxide were separately screened through a 40 mesh screen. Then, all the screened ingredients were mixed with 100 g of hydroxypropylmethylcellulose of 11,200 average-number molecular weight and 100 g of hydroxypropylcellulose of 30,000 average-number molecular weight to produce a homogenous blend. Next, 300 ml of

1 denatured anhydrous alcohol was added slowly to the blend with continuous
2 mixing for 5 minutes. Then, 1.6 g of butylated hydroxytoluene was added,
3 followed by more blending, with 5 g of magnesium stearate added with 5
4 minutes of blending, to yield a homogenous blend. The freshly prepared
5 granulation was passed through a 20 mesh screen and allowed to dry for 20
6 hours at 22.2°C. The final composition comprised 58.67 wt% the sodium
7 carboxymethylcellulose, 30 wt% sodium chloride, 1 wt% ferric oxide, 5 mg of
8 hydroxypropylmethylcellulose, 5 mg hydroxypropylcellulose, 0.08 wt%
9 butylated hydroxytoluene, and 0.25 mg of magnesium stearate.

10 EXAMPLE 4

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13 The therapeutic oxybutynin composition and the osmopolymer
14 hydrogel composition were made into a bilayer tablet as follows: first, 147 mg
15 of the oxybutynin composition as prepared in Example 1 was added to a
16 punch die set and tamped. Then, 98 mg of the hydrogel composition as
17 prepared in Example 2 was added and the two layers compressed under a
18 pressure head of 1.0 ton (1000 kg) into a 11/32 inch (0.873 cm) diameter,
19 contacting intimate bilayered tablet. The example was repeated with the
20 hydrogel composition as prepared in Example 3 to produce the tablet
21 comprising two layers.

22 EXAMPLE 5

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25 The bilayered tablet was manufactured into a sustained-release
26 dosage form that provides a controlled-release of oxybutynin as follows: first,
27 a semipermeable wall-forming composition was prepared comprising 95 wt%
28 cellulose acetate having a 39.8% acetyl content and 5 wt% polyethylene
29 glycol having a number-average molecular weight of 3350 by dissolving the

1 ingredients in a cosolvent comprising acetone and water in 90:10 wt:wt
2 composition to make a 4% solid solution. The wall-forming composition was
3 sprayed onto and around the bilayered cores as prepared in Examples 2 and
4 3 to provide a 26.4 mg semipermeable wall.

5 Next, the semipermeable walled, bilayered tablet was laser drilled to
6 provide a 20 mil (0.51 mm) orifice to contact the oxybutynin layer and the
7 exterior of the dosage form. The residual solvent was removed by drying for
8 48 hours at 50°C and 50% relative humidity. Next, the dosage forms were
9 dried further for 1 hour at 50°C to remove excess moisture. The dosage form
10 provided by this manufacture provides 3.4 wt% oxybutynin hydrochloride, 76
11 wt% polyethylene oxide of 200,000 weight-average molecular weight, 5 wt%
12 hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.6
13 wt% magnesium stearate, and 15 wt% sodium chloride in the therapeutic
14 oxybutynin composition. The osmopolymer hydrogel push composition
15 comprises 63.67 wt% polyethylene oxide of 7,500,000 weight-average
16 molecular weight, 30 wt% sodium chloride, 1 wt% ferric chloride, 5 wt%
17 hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
18 0.08 wt% butylated hydroxytoluene, and 0.25 wt% magnesium stearate. The
19 semipermeable wall comprises 95 wt% cellulose acetate comprising 39.8%
20 acetyl content, and 5 wt% polyethylene glycol of 3350 number-average
21 molecular weight. The dosage form comprises an exit passage of 20 mils
22 (0.50 mm) and it has a mean release rate of 0.260 mg/hr for 23.8 hours. The
23 semipermeable wall provides substantial protection from photo (light)
24 degradation of the oxybutynin in the dosage form.

25 EXAMPLE 6

26
27
28 A dosage form is prepared according to the above examples,
29 comprising a drug layer consisting of 6.67 wt% oxybutynin hydrochloride,

1 87.83 wt% polyethylene oxide of 200,000 weight-average molecular weight,
2 5.00 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular
3 weight, and 0.50 wt% magnesium stearate; in layered contact with a push
4 hydrogel layer comprising 58.75 wt% sodium carboxymethylcellulose of
5 6,000,000 weight-average molecular weight, 30 wt% sodium chloride, 5.00
6 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular
7 weight, 1.00 wt% ferric oxide, 5.00 wt% hydroxypropylcellulose of 75,000
8 average-number molecular weight and 0.25 wt% magnesium stearate; which
9 bilayered core is surrounded by a semipermeable wall comprising cellulose
10 acetate and polyethylene glycol; and an exit port through the wall for
11 delivering the oxybutynin at a controlled rate over thirty hours.

12 EXAMPLE 7

13
14 The dosage form according to Example 6 wherein the polyethylene
15 oxide has a 300,000 weight-average molecular weight; the
16 hydroxypropylcellulose is a member selected from the group consisting of
17 25,000, 30,000 or 40,000 average-number molecular weight; and the dosage
18 form comprises 5 mg to 250 mg of oxybutynin pharmaceutically acceptable
19 salt.
20

21 EXAMPLE 8

22
23 A dosage form was prepared according to the above examples
24 wherein the dosage form of this example comprises a drug oxybutynin layer
25 comprising 5 mg oxybutynin, 111.60 mg polyethylene oxide of 200,000
26 weight-average molecular weight, 7.35 mg hydroxypropylmethylcellulose of
27 9,200 average-number molecular weight, 0.88 mg magnesium stearate, 22.05
28 mg of sodium chloride, and 0.12 mg of butylated hydroxytoluene; a hydrogel
29

1 push layer comprising 62.40 mg of polyethylene oxide of 7,000,000 weight-
2 average molecular weight, 29.40 mg of sodium chloride, 4.90 mg
3 hydroxypropylmethylcellulose of 9,200 average-number molecular weight,
4 0.08 mg of butylated hydroxytoluene, 0.98 mg of red ferric oxide, and 0.24 mg
5 of magnesium stearate; a wall comprising cellulose acetate consisting of a
6 39.8% acetyl content and polyethylene glycol of 3350 number-average
7 molecular weight in the percentage ratio of 95 wt% cellulose acetate to 5 wt%
8 polyethylene glycol, and an exit passageway in the wall.

9 EXAMPLE 9

10
11
12 A dosage form was prepared according to the examples provided by
13 this invention wherein the dosage form comprises: a drug oxybutynin layer
14 comprising 5.3 wt% oxybutynin, 82.37 wt% polyethylene oxide of 200,000
15 weight-average molecular weight, 2 wt% hydroxypropylmethylcellulose of
16 9,200 average-number molecular weight, 0.25 wt% magnesium stearate, 10
17 wt% sodium chloride, and 0.08 wt% butylated hydroxytoluene; a push
18 hydrogel layer comprising 63.37 wt% polyethylene oxide of 2,000,000 weight-
19 average molecular weight, 30 wt% sodium chloride, 5 wt% hydroxypropyl-
20 methylcellulose of 9,200 average-number molecular weight, 0.08 wt%
21 butylated hydroxytoluene, 1 wt% black ferric oxide and 0.25 wt% magnesium
22 stearate; a wall comprising 99 wt% cellulose acetate comprising a 39.8%
23 acetyl content and 1 wt% polyethylene glycol of 3350 number-average
24 molecular weight; and an exit passageway through the wall for delivering the
25 oxybutynin to a patient.

26

27

28

29

EXAMPLE 10

An oxybutynin composition was prepared according to the above examples, wherein the composition comprises 10.6 wt% oxybutynin hydrochloride, 79.57 wt% polyethylene oxide of 200,000 weight-average molecular weight, 2 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.25 wt% of magnesium stearate, 7.5 wt% of sodium chloride, and 0.08 wt% butylated hydroxytoluene.

EXAMPLE 11

An oxybutynin composition was prepared according to the above examples wherein the composition comprises 16 wt% oxybutynin hydrochloride, 76.67 wt% polyethylene oxide of 200,000 weight-average molecular weight, 2 wt% hydroxypropylmethylcellulose of 9,200 average-number molecular weight, 0.25 wt% magnesium stearate, 5 wt% sodium chloride and 0.08 wt% butylated hydroxytoluene.

EXAMPLE 12

A hydrogel composition was prepared according to the above examples wherein the composition comprises 58.75 wt% hydroxyethyl-cellulose of 1,300,000 molecular weight, 30 wt% sodium chloride, 10 wt% polyvinylpyrrolidone of 42,000 viscosity-average molecular weight, 1 wt% red ferric oxide, and 0.25 wt% magnesium stearate.

EXAMPLE 13

1
2
3 A dosage form was prepared according to the present invention
4 wherein the dosage form comprises: a drug layer comprising 3.4 wt%
5 oxybutynin hydrochloride, 76 wt% polyethylene oxide of 200,000 weight-
6 average molecular weight, 5 wt% hydroxypropylmethylcellulose of 9,200
7 average-number molecular weight, 0.6 wt% magnesium stearate, 15 wt%
8 sodium chloride; a push hydrogel layer comprising 58.75 wt% hydroxyethyl-
9 cellulose of 1,300,000 average-number molecular weight, 30 wt% sodium
10 chloride, 10 wt% polyvinylpyrrolidone of 42,000 viscosity-average molecular
11 weight, 1 wt% red ferric oxide, and 0.25 wt% magnesium stearate; a wall
12 comprising 95 wt% cellulose acetate comprising a 39.8% acetyl content, and
13 5 wt% polyethylene glycol of 3350 number-average molecular weight, an exit
14 orifice of 20 mil (0.50 mm); and a release rate of 0.292 mg per 1 hour for 16.9
15 hours.

EXAMPLE 14

16
17
18 A dosage form was manufactured according to the present examples
19 wherein the dosage form comprises: a drug oxybutynin layer comprising 3.4
20 wt% oxybutynin hydrochloride, 76 wt% polyethylene oxide of 200,000 weight-
21 average molecular weight, 5 wt% hydroxypropylmethylcellulose of 9,200
22 average-number molecular weight, 0.6 wt% of magnesium stearate, and 15
23 wt% sodium chloride; a push hydrogel layer for pushing the drug oxybutynin
24 layer from the dosage form comprising 63.67 wt% polyethylene oxide of
25 7,000,000 weight-average molecular weight, 30 wt% sodium chloride, 1 wt%
26 red ferric oxide, 5 wt% hydroxypropylmethylcellulose of 9,200 average-
27 number molecular weight, 0.08 wt% butylated hydroxytoluene, and 0.25 wt%
28 magnesium stearate; a subcoat that surrounds the drug oxybutynin layer and
29

1 push hydrogel layer wherein the subcoat comprises 95 wt% hydroxyethyl-
2 cellulose, a nonionic water soluble polymer of 90,000 average-number
3 molecular weight; a wall or overcoat comprising 95 wt% cellulose acetate
4 possessing an acetyl content of 39.8% and 5 wt% polyethylene glycol of 3350
5 number-average molecular weight; a 20 mil (0.50 mm) exit passageway; and
6 an oxybutynin release rate of 0.295 mg per 1 hour over 19.9 hours.

7 EXAMPLE 15

8
9 A sustained-release dosage form manufactured as a tablet designed
10 for oral administration comprising 240 ng to 650 mg of a member selected
11 from the group consisting of oxybutynin and its pharmaceutically acceptable
12 salts was made according to the above example, which dosage form provide
13 an essentially flat release profile essentially-free of peaks-and trough plasma
14 oxybutynin concentrations. The dosage form when administered results in a
15 lessening in dry mouth over 24 hours, and the bioavailability of oxybutynin in
16 the lower gastrointestinal tract including the colon.
17

18 METHOD OF PRACTICING THE INVENTION

19
20 The invention pertains additionally to the use of the therapeutic
21 composition and the dosage form by providing a method for delivering
22 oxybutynin orally to a warm-blooded animal, including a human patient, in
23 need of oxybutynin therapy. The method comprises administering orally the
24 composition to a patient for oxybutynin therapy. The method comprises: (A)
25 admitting orally into the patient a dosage form comprising (B) a
26 semipermeable wall that surrounds (C) a therapeutic composition comprising
27 (A) oxybutynin. The dosage form imbibes fluid through the wall into the
28 dosage form in response to the concentration gradient across the
29

1 semipermeable wall. The therapeutic composition in the dosage form
2 develops osmotic energy that causes the therapeutic composition to be
3 administered through the exit (D) from the dosage form over a prolonged
4 period of time up to 24 hours to provide controlled and sustained oxybutynin
5 therapy. The method of the invention comprises also: (A) admitting into the
6 warm-blooded animal a dosage form comprising: (1) a wall surrounding a
7 compartment, the wall comprising a semipermeable polymeric composition
8 permeable to the passage of fluid and substantially impermeable to the
9 passage of oxybutynin; (2) an oxybutynin drug layer in the compartment
10 comprising oxybutynin; (3) a hydrogel push layer in the compartment
11 comprising an osmotic formulation for imbibing and absorbing fluid for
12 expanding in size for pushing the oxybutynin composition from the delivery
13 device; and (4) at least one passageway in the wall for releasing the
14 oxybutynin; (B) imbibing fluid through the semipermeable wall at a fluid-
15 imbibing rate determined by the permeability of the semipermeable wall and
16 the osmotic pressure across the semipermeable wall causing the push layer
17 to expand; and (C) delivering the therapeutically active oxybutynin from the
18 delivery device through the exit passageway to a warm-blooded animal over a
19 prolonged period of time up to 24 hours. The oxybutynin is administered by
20 the method of the invention in the therapeutic range that avoids a toxic dose
21 and avoids an ineffective dose for antispasmodic therapy. The oxybutynin is
22 administered to patients with uninhibited neurogenic and reflex neurogenic
23 bladder for increased vesual capacity which diminishes the frequency of
24 uninhibited contractions of the detrusor muscle and delays the desire to void.
25 The dosage form is indicated for the relief of symptoms associated with
26 voiding such as urgency, urge incontinence, frequency, nocturia and
27 incontinence in patients in neurogenic bladder.

28 The drug oxybutynin, identified as OXY, was administered in a clinical
29 study to a number of patients. Oxybutynin is used for treating urinary-

1 incontinence. Patients administered oxybutynin often quit or discontinue
2 treatment in the prior art due to its anti-cholinergic side effects, which appear
3 to be peak-concentration related. The present invention provides a
4 sustained-release (SR) dosage form that provides a controlled-release (CR)
5 rate of oral administration of oxybutynin designed to provide a continuous
6 plasma drug concentration and avoid peak and valley concentrations. That
7 is, the controlled-extended release dosage form of this invention maintains a
8 therapeutic plasma concentration free of an overdose and free of an
9 ineffective underdose of oxybutynin. In a multiple dose, crossover study, 13
10 healthy female volunteers of 41 to 68 years of age received either 5 mg of
11 oxybutynin immediate release (IR) every 8 hours, or three 5 mg controlled
12 release (CR) once a day, for four days. The patients blood was sampled on
13 days 1 and 4 to quantify oxybutynin and its desethyl-metabolite (DESOXY) by
14 liquid chromatography mass spectroscopy (LC/MS). The oxybutynin was
15 absorbed rapidly following immediate-release (IR) dosing with mean C_{MAX} of
16 12 ng/ml. C_{MAX} is the maximum concentration after dosing in the plasma. The
17 drug release kinetics for the controlled-release (CR) plasma concentration
18 rose slowly, reaching a mean peak-concentration C_{MAX} value of 4.2-6.7 ng/ml.
19 The metabolite DESOXY was formed rapidly following immediate release,
20 and its formation paralleled the slow absorption of oxybutynin following
21 controlled release. The DESOXY had a shorter $t_{1/2}$ life compared to OXY,
22 indicating presystemic metabolite formation assuming it to be true metabolite
23 $t_{1/2}$. Single and multiple dose AUC values were similar for both the controlled
24 release and the immediate release suggesting time invariant
25 pharmacokinetics. AUC denotes the area under the plasma concentration
26 profile. The day 4 OXY and DESOXY AUC and their ratios are presented in
27 the Table, where BA denotes the percent bioavailable, that is, BA denotes the
28 relative amount of oxybutynin absorbed from the controlled release (CR)

3

•

1 The mean plasma oxybutynin concentration was maintained flat during
2 a 24 hour period for the sustained release dosage form administered once a
3 day; at steady state (after dosing for 4 days) the mean plasma oxybutynin
4 concentration ranged from 3.2 to 5.5 ng/ml following a 15 mg dose. The
5 plasma oxybutynin concentration following the immediate release
6 administered three times a day showed peak-through fluctuation; at steady
7 state (after dosing for 4 days) the mean peak plasma concentration following
8 5 mg three times a day was 12.4 ng/ml and the trough concentration was 1.4
9 ng/ml. The concentrations at other dose levels are proportional to dose.

10 The clinical study evaluated the number of urge urinary incontinence at
11 each week. The number of urge urinary incontinence episodes was
12 documented by the patients in weekly study-diaries provided to them. The
13 decrease in urge urinary incontinence episodes from baseline was evaluated
14 for the sustained release dosage form and the immediate release dosage
15 form compared to the placebo and were also compared to each other.
16 Efficacy (decrease in urge urinary incontinence) was seen at each dose level
17 for both sustained release dosage form and immediate release dosage form.
18 The dose vs. urge urinary incontinence relationship was analyzed by
19 modeling. The results of the modeling analysis shows a trend towards higher
20 decrease in the urge urinary incontinence episodes for the sustained release
21 dosage form compared to immediate release dosage form. Accompanying
22 Figure 1 depicts the urge-urinary incontinence, U-UI, for patients administered
23 oxybutynin by the sustained release, SR dosage form tablet of the invention,
24 by an immediate release, IR, dosage form and a placebo. The figure depicts
25 the unexpected and striking decrease in urge-urinary incontinence achieved
26 by the invention. Accompanying Figure 2, depicts the decrease in urge-
27 urinary incontinence following administration of oxybutynin by the sustained
28 release dosage form of the invention compared to the immediate release
29 dosage form.

1 The clinical study considered the anticholinergic side-effect, dry mouth
2 in the patient; dry mouth was classified using a four scale category consisting
3 of no-dry mouth, mild dry mouth, moderate dry mouth, and severe dry mouth.
4 At each weekly clinic visit, patients completed the subjective assessment of
5 anticholinergic effects questionnaire. In addition, the clinic staff telephoned
6 patients at other times during the study to solicit information about
7 anticholinergic effects and other adverse effects. Overall during the study,
8 the side effect dry mouth was reported in fewer patients receiving the
9 sustained release formulation (85% of patients) compared to immediate
10 release formulation (100% of patients). The dose vs. probability of dry mouth
11 relationship was also analyzed by modeling. This modeling analysis shows
12 that the probability of dry mouth is higher for the immediate release dosage
13 form. Accompanying Figure 3 depicts the incidence of dry mouth following
14 treatment by the sustained release, SR, dosage form, the immediate release,
15 IR, dosage form, and a placebo. The drawing figure depicts the dose
16 administered and the degree of dry mouth as none, mild, moderate, and
17 severe.

18 A therapeutic index was obtained for the clinical study by combining
19 the dose delivered versus the urge urinary incontinence relationship and the
20 dose versus dry mouth relationship. Accompanying Figure 4 is a
21 representation of the therapeutic index comparison between the sustained
22 release, SR, dosage form and the immediate release dosage form,
23 evidencing the decrease in urge-urinary incontinence episodes from the
24 baseline and the probability of dry mouth. In the drawing figure, U-UI denotes
25 urge-urinary incontinence, DM denotes dry mouth, SR denotes sustained
26 release and IR denotes immediate release. The broad-double pointed arrow
27 denotes the unexpected decrease in dry mouth achieved by the sustained
28 release dosage form compared to the very small decrease in dry mouth seen
29 in the narrow-double pointed arrow.

1 The therapeutic index is defined as the dose or concentration range
2 within which optimum therapy with minimum toxicity i.e. successful therapy is
3 achieved. It can be evaluated as the relative position of the dose vs. efficacy
4 (urge urinary incontinence in this case) and dose vs. toxicity (dry mouth in this
5 case) curve. It is also recognized that a drug with wider therapeutic index is
6 better than a drug with a narrow index.

7 The results of the clinical study are presented in Figures 1 to 4 and
8 summarized hereafter. Figure 1 shows the urge urinary incontinence in
9 logarithmic scale for all treatments - the line with the star represents a
10 placebo treatment, the line connected by square represents urge urinary
11 incontinence obtained for an immediate release dosage form, and the line
12 connected with dark circles depicts urge urinary incontinence obtained by the
13 sustained release dosage form of the invention. In Figure 1, the expression
14 "U-UI" means urge urinary incontinence, visit day denotes the days the
15 patient visited the clinic and the dose level denotes the mg of oxybutynin
16 delivered by the dosage form on that day, "SR" refers to sustained release
17 dosage form and "IR" refers to immediate release dosage form. As expected
18 and shown in Figure 1, placebo treatment has really no effect on urge urinary
19 incontinence episodes. Whereas following both sustained release and
20 immediate release treatment the number of urge urinary incontinence
21 episodes decrease. Figure 2 depicts the effect produced by the administered
22 drug. In this case higher the decrease better the efficacy. In Figure 2, the
23 solid line which is the decrease in urge urinary incontinence from baseline for
24 the placebo treatment subtracted from the decrease in urge urinary
25 incontinence from baseline for the sustained release dosage form and the
26 dash line which is the decrease in urge urinary incontinence from baseline for
27 the placebo treatment subtracted from decrease in urge urinary incontinence
28 from baseline for the immediate release dosage form. Figure 2 shows the
29 unexpected greater effect in urge urinary incontinence episodes for sustained

1 release dosage form compared to the immediate release dosage form.
2 Figure 3 depicts the incidence of dry mouth following the administration of
3 placebo, sustained release oxybutynin dosage forms and immediate release
4 oxybutynin dosage forms. In the Figure "SR" refers to sustained release
5 dosage form and "IR" refers to immediate release dosage form, clean area
6 denotes the probability of absence of dry mouth relief, lines slanted left
7 denote the probability of mild dry mouth, crossed lines denotes the probability
8 of severe dry mouth for the administered dose of dry mouth. Figure 4 is a
9 representation of the therapeutic index comparison between the sustained
10 release dosage form and the immediate release oxybutynin dosage form.
11 The therapeutic index is the dose or concentration range within which
12 optimum therapy with minimum toxicity i.e. successful therapy is achieved. It
13 can be evaluated as the relative position of the dose vs. efficacy (urge urinary
14 incontinence in this case) and dose vs. toxicity (dry mouth in this case) curve.
15 Both the dose vs. urge urinary incontinence curve and the dose vs. dry mouth
16 curve is presented in Figure 4. The broad continuous dark line presents the
17 dose vs. urge urinary incontinence relationship for sustained release dosage
18 form and the narrow continuous line presents the dose vs. urge urinary
19 incontinence relationship for immediate release dosage form; the broken dark
20 line represents the occurrence of dry mouth for the sustained release dosage
21 form and the broken narrow line represents the occurrence of dry mouth for
22 the immediate release dosage form. The heavy longer dark double pointed
23 arrow depicts the unexpected greater separation for the dose vs. urge urinary
24 incontinence curve and the dose vs. dry mouth curve for the sustained
25 release dosage form compared to the small double pointed arrow for the
26 immediate release dosage form. This teaches that the therapeutic index is
27 wider for the sustained release dosage form as compared to immediate
28 release dosage form.

1 The once-daily delivery system provided by this invention maintains an
2 essentially flat concentration throughout the dosing duration of 24 hours, as
3 seen by the absence of peak-to-trough fluctuation, whereas peak-to-trough
4 fluctuation are seen with the multiple daily administration of the immediate
5 release dosage form, as depicted in accompanying Figure 5.

6 Figure 5 depicts the mean plasma oxybutynin concentration, in ng/mL,
7 steady state on day 4, for an immediate release, IR, dosage form and a
8 sustained release, SR, dosage form.

9 The delivery system provided by this invention maintains its chemical
10 and physical integrity in a gastrointestinal environment and generally reaches
11 the colo within 3 to 5 hours after oral administration. For some drugs,
12 metabolic activity is higher in the duodendum and jejunum and decreases in
13 the ileum and colon and for some drugs other anti-transport are more
14 prevalent in the colon. The physiological disposition of a drug and its
15 metabolites can depend on the gastrointestinal site of absorption. The clinical
16 studies made available by this invention demonstrated unexpectedly a
17 decrease in oxybutynin metabolism when administered by the sustained
18 release dosage form of the invention. Following the administration of
19 oxybutynin chloride according to the mode and manner of the invention, the
20 relative bioavailability is higher for the drug, combined R+S (racemic)
21 oxybutynin (153%) and also for the individual R- and S- enantiomers of
22 oxybutynin (156% and 187%, respectively) compared to immediate release
23 dosage form (base of 100%); the relative bioavailability is lower for the
24 metabolite, combined R+S (racemic) desethyloxybutynin (69%) and also for
25 the individual R- and S- enantiomers of desethyloxybutynin (73% and 92%,
26 respectively) compared to immediate release dosage form (base of 100%).
27 The relative bioavailability is defined as the following ratio, wherein the
28 Relative Bioavailability for SR = $[Total\ AUC_{inf}(SR) + Dose(SR)] / [Total$
29 $AUC_{inf}(IR) + Dose(IR)]$ where $AUC_{inf}(SR)$ is the area under the plasma

1 concentration curve for the sustained release dosage form and $AUC_{inf}(IR)$ is
2 the area under the plasma concentration curve for the immediate release
3 dosage form. The plasma concentration curves are shown in Figure 5 for
4 both sustained release dosage form and the immediate release dosage form.
5 The ratio, $(drug\ AUC_{inf} / metabolite\ AUC_{inf})$ for the sustained release dosage
6 form was more than twice that for the immediate release. It has been
7 hypothesized that oxybutynin metabolites may be responsible for the side
8 effects (Massad et al, J Urol 1992;148:595-597), however, both drug and the
9 metabolite desethoxybutynin have been shown to have similar potency
10 (Waldeck et al, J Urol 1997;157:1093-1097). The clinical study demonstrated
11 further for an immediate release oxybutynin system, following repeated
12 dosing within a day, the peak drug concentrations are lower in the evening as
13 compared to morning drug administration. This suggests that with a zero-
14 order release rate from a sustained release dosage form, the plasma
15 concentration would go down towards the end of the day. However for the
16 dosage forms provided by this invention delivering oxybutynin hydrochloride it
17 is not the case. On the contrary, with the dosage forms provided by this
18 invention, the plasma concentrations in an essentially steady-state are
19 maintained throughout the day ranging from 3.2 to 5.5 ng/mL following a 15
20 mg dose. Additionally, the plasma concentration for the sustained release
21 dosage form of the invention administered in the fasting state is similar to that
22 observed when taken after a meal as seen in drawing Figure 6. Drawing
23 Figure 6 illustrates the mean observed plasma R-oxybutynin concentration
24 following the sustained delivery of oxybutynin hydrochloride by the dosage
25 form tablet of the invention 1 X 10 mg qd, wherein qd denotes once-a-day
26 dose, in the fed and fasting states with 43 patients. The data shows food
27 does not affect the manner in which the drug is absorbed from the sustained
28 release dosage form of the invention. Whereas, another delivery product for
29 oxybutynin reported by (Lukkari et al, Eur J Pharmacol, 1996; 50-221-223:

1 Lukkari et al, 1997; 81:31-34; Nilsson et al, Neurol Urodyn, 1997; 16:533-542)
2 has properties very different from the sustained release dosage form of this
3 invention. The prior art product is a matrix tablet from which the drug is
4 released by a first order process with about 50% released in 4 hours. The
5 relative oxybutynin bioavailability for the product is similar (approximately
6 103%) to that of the immediate release product (base 100%) and the relative
7 bioavailability of the metabolite desethyloxybutynin is lower (approximately
8 68%) as compared to immediate release product (base 100%). The ratio,
9 (drug AUC / metabolite AUC) for the product was only slightly higher (0.13) as
10 compared to IR oxybutynin (0.09). Additionally, when the prior art product is
11 taken after meals the peak oxybutynin (6.2 ng/mL) and desethyloxybutynin
12 concentration (75.5 ng/mL) are two times higher as compared to the fasting
13 state (2.8 ng/mL and 39.5 ng/mL, for oxybutynin and desethyloxybutynin
14 respectively). That is, the prior art delivery product loses the sustained
15 release property when taken with meals.

16 The sustained release dosage form of the invention was further
17 evaluated in safety and efficacy studies and compared to immediate release.
18 The data from this study was modeled and a dose vs. therapeutic effect (urge
19 urinary incontinence) relationship and a dose vs. side effect (dry mouth)
20 relationship was established. The results of the urge urinary incontinence
21 modeling analysis shows a trend towards higher decrease in the urge urinary
22 incontinence episodes for the sustained release dosage form compared to
23 immediate release dosage form. The dry mouth modeling analysis shows
24 that the probability of dry mouth is higher for the immediate release as
25 compared to the sustained release dosage form of this invention. A
26 therapeutic index was obtained for the clinical study by combining the dose
27 versus the urge urinary incontinence relationship and the dose versus dry
28 mouth relationship. The therapeutic index is defined as the dose or
29 concentration range within which optimum therapy with minimum toxicity i.e.

1 successful therapy is achieved. It can be evaluated as the relative position of
2 the dose vs. efficacy (urge urinary incontinence in this case) and dose vs.
3 toxicity (dry mouth in this case) curve. The sustained release dosage form of
4 this invention was shown to have an increased therapeutic index (wider
5 separation between the dose vs. urge urinary incontinence curve and dose
6 vs. dry mouth curve) as compared to the immediate release dosage form, as
7 seen in Figure 4. In two additional clinical trials, a SR was administered in
8 doses up to and comprising 30 mg/day which was efficacious in reducing
9 urge urinary incontinence and was well-tolerated with respect to
10 anticholinergic side-effects and especially dry mouth.

11 In conclusion, the sustained release dosage form of this invention, the
12 oxybutynin plasma concentrations are maintained constant avoiding the rapid
13 rise and peak concentration seen with immediate release oxybutynin, the
14 metabolism of the drug is reduced giving rise to higher oxybutynin
15 bioavailability compared to immediate release oxybutynin and the sustained
16 plasma concentrations are not affected by meals taken with the drug. Finally,
17 the sustained release dosage form of this invention has an increased
18 therapeutic index as compared to immediate release oxybutynin.

19 The dosage form and the oxybutynin composition of this invention, as
20 seen from the above disclosure, can be used in a method for administering a
21 drug by the oral route, and, in another method, the dosage form and
22 composition can be sized and shaped for administering a drug by the
23 sublingual and buccal routes. The sublingual and buccal routes can be used
24 for quicker therapy, and they can be used when a smaller dose of drug is
25 needed for immediate therapy. The latter routes can be used as a by-pass of
26 the first pass of hepatic metabolism of the drug.

27 In summary, it will be appreciated that the present invention
28 contributes to the art an unobvious dosage form that possesses practical
29 utility, can administer a drug at a dose-metered release rate per unit time.

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